

A. County:

Contract Number:

Grant Dates: From:

To:

Modification Number:

B. Line Items	Current Allocation	Proposed Changes (+/-)				Revised Allocation
	State Funds	State Funds	Hard Match	In-Kind Match	Any Other Match	
Salaries and Benefits			N/A	N/A	N/A	\$0.00
Travel/Per Diem			N/A	N/A	N/A	\$0.00
Professional Services			N/A	N/A	N/A	\$0.00
Other (Describe)			N/A	N/A	N/A	\$0.00
Sub-Total	\$0.00		N/A	N/A	N/A	\$0.00
Administrative Overhead			N/A	N/A	N/A	\$0.00
TOTAL	\$0.00	\$0.00	N/A	N/A	N/A	\$0.00

Justification for Budget Modification

C. Design or Scope of Project Modification and Justification

D. Program Evaluation Modification and Justification

Person Preparing Report	Project Financial Officer	Project Manager
Signature	Signature	Signature
Name	Name	Name
Title	Title	Title
Address	Date	Date
City, State, Zip	Telephone Number	Telephone Number
Date		
Telephone Number		

Board of Corrections Use Only

Board of Corrections Representative

Date